#### \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Gode (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

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Inspection	ŝ

A	For th	e 2008 calendar year, or tax year beginning and ending	3	
	Check if	Please C Name of organization	D Employer identif	ication number
Γ	ThAddro	GSE ITO		
늗	chene ~]Name		F2 1	601076
늗	chang ^^ Initial	Doing Business As		601976
	ireturr Termi ation	h- Specific 1901 PENNSYLVANIA AVENUE, NW 201		835.9077
Amend		Only or town, state or country, and ZIP + 4	G Gross receipts \$	4,476,385.
Applica- tion pending			H(a) Is this a group r	
	pond	F Name and address of principal officer: FRANK J. GAFFNEY, JR.	for affiliates?	Yes X No
		SAME AS C ABOVE		cluded? Yes No
		empt status; X 501(c) (3 ) ◀ (insert no.)		ı list. (see instructions)
		te: ► WWW.CENTERFORSECURITYPOLICY.ORG	H(c) Group exemption	
		organization: X Corporation Trust Association Other ▶ L	Year of formation: 1988 i	M State of legal domicile; DC
	T	Summary		AD 2.24
8	1	Briefly describe the organization's mission or most significant activities: STIMULAT		
퉏	١_	NATIONAL AND INTERNATIONAL DEBATES ABOUT ALI		
Activities & Governance	1	Check this box   if the organization discontinued its operations or disposed of	Į.	
Ĝ			3	8
ος Ω		Number of Independent voting members of the governing body (Part VI, line 1b)		1 /
E	8	Total number of employees (Part V, Iline 2a)	5	14
훉		Total number of volunteers (estimate if necessary)		
Ą	'a	Total gross unrelated business revenue from Part VIII, line 12, column (C)		0.
	- <u>"</u> -	Net unrelated business taxable income from Form 990-T, line 34		
4.	8	Contributions and grants (Part VIII, line 1h)	Prior Year 3,546,696.	Current Year 4,032,851.
돮		man and the contract of the co	15,916.	5,840.
Revenue	1		170.	<4,931.
ď		Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	170.	\4,331.·
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,562,782.	4,033,760.
		Grants and similar amounts paid (Part IX, column (A), fines 1-3)	3,302,102.	4,033,700.
		Benefits paid to or for members (Part IX, column (A), line 4)		
v		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	705,146.	1,170,599.
Expenses	16a	Professional fundralsing fees (Part IX, column (A), line 11e)	7237,1101	17.7073330
<u>a</u>	b	Total fundraising expenses (Part IX, column (D), line 25)  229,918.		
ញ		Other expenses (Part IX, column (A), ilnes 11a-11d, 11f-24f)	2,121,088.	2,914,729.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,826,234.	4,085,328.
		Revenue less expenses. Subtract line 18 from line 12	736,548.	<51,568.>
Ces			Beginning of Year	End of Year
let Assets and Baland	20	Total assets (Part X, line 16)	908,735.	875,484.
t As	21	Total liabilities (Part X, line 26)	52,855.	71,172.
<b>%</b> E	22	Net assets or fund balances. Subtract line 21 from line 20	855,880.	804,312.
P	rt II	Signature Block		
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement complete. Declaration of preparer has any knowledge on all information of which preparer has any knowledge.	ents, and to the best of my knowled	ge and belief, it is true, correct,
			- ·	,
Sign	•		12 10	V 09
Her	3	Signature of officer I //	Date	
		FRANK J. GAFFNEY, JR., PRESIDENT		
		Type or print name and title		
Paid		Preparer's Date	Check If Prepare	er's identifying number structionsj
_	arer's	Signature / //////////////////////////////////	employed 🕨	
Use		ATAPPENS A HENDERY END	EIN ►	
	•		525	
		ZP+4 WASHINGTON, DC 20036	Phone no. ► 2	02-223-5000
May	the IF	RS discuss this return with the preparer shown above? (see instructions)	***************************************	X Yes No

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		(Revenue \$

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	L
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part !	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11_	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
148	The state of the s	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundralsing, business,			
45	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity	ľ i		.,
46	located outside the United States? If "Yes," complete Schedule F, Part II	15	·	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			v
17	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
18	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
19	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
20	PN-1 Alice and a final control of the second	19		X
21	Did the organization operate one or more hospitals? If "Yes," complete Schedule H  Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	20 21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 27 /f "Yes," complete Schedule I, Parts I and ill	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20	-	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			
	If "No", go to question 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	-10		
	any tax-exempt bonds?	240	1	
đ	Did the organization act as an "on behalf of' issuer for bonds outstanding at any time during the year?	24d		-
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a		1	••••
	prior year? If "Yes," complete Schedule L, Part I	25b	1	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Х

Page 4

If "Yes," complete Schedule R, Part V, line 2

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI ....

Form 990 (2008)

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X

X

16 Eiter the number reported in Box 3 of Form 1998, Annual Summary and Transmittal of U.S. Information Returns. Eather o' if into applicable 10 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 20 Eiter the number of employees reported on Form W-3, Transmittal of Wago and Tax Statements, (liked for the aumobre of employees reported on Form W-3, Transmittal of Wago and Tax Statements, (liked for the sum of lines 1 and 2 as greater than 260, you may be required to e-file this return, less institutions of the sum of lines 1 and 2 as greater than 260, you may be required to e-file this return, less institutions) 30 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 31 Einstein the aumobre of the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 32 Einstein the during the calendar year, did the organization file as explicated secount, or other financial account? 43 At any time during the calendar year, did the organization in secount, securities account, or other financial account? 44 Einstein the name of the foreign country: \$\frac{1}{2}\$ See the instructions for exceptions and filling requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 55 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 56 Did the organization as party to a prohibited tax shelter transaction? 57 Einstein Transaction? 58 Did the organization as party to a prohibited tax shelter transaction? 59 Did any toxable party nortify the organization that it was or is a party to a prohibited tax shelter transaction? 59 Did the organization as growers are shelter transaction? 50 Did the organization as growers are shelter transaction? 50 Did the organization as growers are shelter transaction? 50 Did the organization as the proper shelter transaction? 50 D	No
b Either the number of Forms W-26 included in line 1s. Enter 0- if not applicable	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) winnings to price winners?  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, lided for the celender yeer ending with or within the yeer covered by this return.  3b If at least one is reported on line 2a, did the organization lie all faquited federal employment tex returns?  Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to e-file this return. (see instructions)  3b Did the organization have unreliated bulshess gross income of \$1,000 or more during the yeer covered by this return?  3b If "Yee," has it filed a Form 990-T for this yee?" If "No." provide an explanation in Schedule 0  3b If "Yee," has liftled a Form 990-T for this yee?" If "No." provide an explanation in Schedule 0  3b If "Yee," the sum of the foreign country texture, see the see that count, securities ecount, or other authority over, a financial account in a foreign country (such as a bank account, securities ecount, or other financial accountry?  5b If "Yee," enter the name of the foreign country; level as a bank account, securities ecount, or other financial accountry.  5c See the instructions for exceptions and filing requirements for Form TD F.90-22.1, Report of Foreign Bank and Financial Accounts.  5c Was the organization a party to a prohibited tax shelter transaction at the tax year?  5c Was the organization is on the foreign country (such as the tax year)  5c Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c Did the organization so is on the such as the such contributions or gifts were not tax deductible?  5c Did the organization solicit any contributions that were not tax deductible?  5c Did the organization solicit any contributions that were solicitation an express statement that such contributions or gifts were not tax deductible?  5c Did the organization self, such a	
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Note. If the sum of lines it a and 2 a big greater than 250, you may be required to e-rife this ratum, (see instructions) 3 bid the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3 bif 'Yes,' has it flied a Form 990-T for this year? If 'No.' provide an explanation in Schedule 0 3 bif 'Yes,' has it flied a Form 990-T for this year? If 'No.' provide an explanation in Schedule 0 3 bif 'Yes,' charter the name of the foreign country (such as a bank account, securities account, or other financial accountry)  If 'Yes,' enter the name of the foreign country (such as a bank account, securities account, or other financial accountry)  If 'Yes,' enter the name of the foreign country (such as a bank account, securities accountry)  If 'Yes,' enter the name of the foreign country (such as a bank account, securities accountry)  If 'Yes,' enter the name of the foreign country (such as a bank account, securities accountry)  If 'Yes,' enter the name of the foreign country (such as a bank account, securities accountry)  If 'Yes,' to question face the properties of the securities and the securities accountry of the securities and the securities and the securities accountry of the securities and the securiti	
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4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b if "Yes," enter the name of the foreign country: P See the instructions for exceptions and filing requirements for Form TD F 90-22-1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?  5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6c Did the organization solicit any contributions that were not tax deductible?  6c Did the organization solicit any contributions that were not tax deductible?  6d Did the organization solicit any contributions under section 170(c).  8d Did the organization provide goods or services in exchange for any quity for our contribution of more than \$75?  7a Did the organization sell, exchange, or otherwise dispose of tengible personal property for which it was required to file Form 8282?  6d If "Yes," indicate the number of Forms 8282 filed during the year  6d Did the organization, during the year, receive any funds, directly or indirectly, to pay premiume on a personal benefit contract?  7a Did the organization, during the year, pay premiums, clicetly or indirectly, on a personal benefit contract?  7b For contributions of qualified intellectual property, did the organization file Form 8899 as required?  7c Did the organization of qualified intellectual property, did the organization file Form 8899 as required?  7d For contributions of organ, boats, airplanes, and other vehicles, did the organization file Form 1089. Cas required?  7d For contributions of organ, boats, airplanes, and other vehicles, did the organization file Form 1089.  7d Section 501(c)(3) and other sp	X
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p For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  Section 501(o)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter: N/A  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  110  Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10417	X
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.  10 Did the organization make any taxable distributions under section 4966?  20 Did the organization make a distribution to a donor, donor advisor, or related person?  10 Section 501(c)(7) organizations. Enter: N/A  1 Initiation fees and capital contributions included on Part VIII, line 12  2 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 Did  11 Section 501(c)(12) organizations. Enter: N/A  2 Gross Income from members or shareholders  3 Did the organizations from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	X
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  10 Section 501(c)(7) organizations. Enter: N/A  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  11 Section 501(c)(12) organizations. Enter: N/A  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10417	X
supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  10 Section 501(c)(7) organizations. Enter: N/A  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  11 Section 501(c)(12) organizations. Enter: N/A  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fleu of Form 10417	
excess business holdings at any time during the year?  9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9a  10 Section 501(c)(7) organizations. Enter: N/A  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  110a  11 Section 501(c)(12) organizations. Enter: N/A  a Gross Income from members or shareholders  b Gross Income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11a  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fleu of Form 10417	
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9b  10 Section 501(c)(7) organizations. Enter: N/A  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  11 Section 501(c)(12) organizations. Enter: N/A  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fleu of Form 10417	
b Did the organization make a distribution to a donor, donor advisor, or related person?  9b   10   Section 501(c)(7) organizations. Enter: N/A	
10 Section 501(c)(7) organizations. Enter: N/A a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b  11 Section 501(c)(12) organizations. Enter: N/A a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fleu of Form 10417 12a	•
a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter: N/A  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b  12a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fleu of Form 10417  12a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  11 Section 501(c)(12) organizations. Enter: N/A  a Gross Income from members or shareholders  b Gross Income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in Ileu of Form 10417  12a	
11 Section 501(c)(12) organizations. Enter: N/A a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fleu of Form 1041?  12a	
a Gross Income from members or shareholders b Gross Income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in Ileu of Form 10417	
b Gross Income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in Ileu of Form 1041?	
amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in Ileu of Form 1041?	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	
b if 'Yes,' enter the amount of tax-exempt Interest received or accrued during the year	<del>(Markor</del>
Form 990 (:	

Form 990 (2008) CENTER FOR SECURITY POLICY, INC. 52-1601976 Page 6
Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	ction A. Governing Body and Management		***************************************	
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.			
18	Enter the number of voting members of the governing body	1		
	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	-		
	governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	Х	
þ	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	9b		l
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must	<u> </u>		
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	-		<u> </u>
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	1	х
Sec	tion B. Policies		Ii	
	,		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	х	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12¢	Х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
a	The organization's CEO, Executive Director, or top management official?	15a	Х	*******
b	Other officers or key employees of the organization?	15b		X
	Describe the process in Schedule O. (see Instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	*******	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	30		
	exempt status with respect to such arrangements?	18b	20030000	25540000000
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE	********	······································	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.	,		
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and If so, how), the organization makes its governing documents, conflict of interest policy, an	d fina	nciel	
	statements available to the public.	a midi	IVIUI	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizati	ion: 🟲		
	THE ORGANIZATION - 202.835.9077	J.11.	***************************************	
	1901 PENNSYLVANIA AVENUE, NW, WASHINGTON, DC 20006			
832006 12-18-0	)8 ·	Form '	990 (2	18005
	6	. 41111	(1	.0001

# Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0· in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	(C)						(D)	(E)	(F) Estimated	
Name and Title	Average hours		Position (check all that apply)				1. 3	Reportable	Reportable		
	per week	Individual trustee or director	Institutional arustee			Highest compensated	<u> </u>	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
FRANK J. GAFFNEY, JR. PRESIDENT AND CEO	40.00			x		х		288,300.	0.	11,500	
MICHAEL T. REILLY	40.00			х		Х		156,000.	0.	7,800	
JAMES T. DEGRAFFENREID DIRECTOR	1.00	Х						0.	0.,	0	
MILES PRENTICE III CHAIRMAN	1.00	Х						0.	0.	0	
OR. CHARLES M. KUPPERMAN DIRECTOR	1.00	х						0.	0.	0	
DR. DOMINIC J. MONETTA DIRECTOR	1.00	х						0.	0.	0	
DAVID P. STEINMANN DIRECTOR	1.00	х						0.	0.	0	
T. COL. MARLIN L. HEFTI DIRECTOR	1.00	х						0.	0.	0	
BRUCE J. BROTMAN DIRECTOR	1.00	x						0.	0.	0	
CHRISTINE BRIM  BR. VP FOR POLICY & PROG	40.00				~	х		103,846.	0.	5,192	
										· · · · · · · · · · · · · · · · · · ·	
						1					

Fart VII Section A. Officers, Directors, Tru		mple	уес			High	est								
(A)	(B)	(C)						(D)	(E)		(F)				
Name and title	Average hours	Position (check all that apply)					NA.	Reportable compensation	Reportable compensate		Estimated amount of				
	per week	Individual trustee or director	institutional trustee		Key employee	Highest compensated	Γ.	from the organization (W-2/1099-MISC)	the organizations comorganization (W-2/1099-MISC) fr						
**************************************		_	-		_	_									
					_		_		***************************************						
——————————————————————————————————————	<u></u>					_									
						-	<u>                                      </u>								
					-										
P49000000000000000000000000000000000000						L									
1b Total						<u> </u>		548,146.		0.	24,492.				
Total number of individuals (including those compensation from the organization	•							UUU in reportable		•	3				
The state of the s	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*****	*****	******	******	,,,,,,,,		***************************************			Yes No				
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual	• • • •	••••						*		з Х				
For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	eduk	∍J1	or such individual			4 X				
Did any person listed on line 1a receive or a the organization? If "Yes," complete Sched Section B. Independent Contractors											5 X				
Complete this table for your five highest co- the organization.	mpensated inc	depe	nde	nt c	onti	racto	ors t	hat received more than	\$100,000 of co	mpens	ation from				
(A) Name and business	address					~~		(B) Description of s	ervices	С	(C) compensation				
ALEX R. ALEXIEV 325 LP RANCH ROAD, TEMPLI AMANDA BOWMAN, 4 SPRINGHO					5			CONSULTING	W. L.	-	173,462.				
LAKE, STERLINGTON, NY 109							_	CONSULTING			108,666.				
							_								
2 Total number of Independent contractors (i	ncluding those	in 1	) wf	10 16		ved	mor	e than \$100,000 in com	pensation						
from the organization	2								*****						

Form 990 (2008)

For	m 99	30	(2008) CENTER FOR	SECURITY I	POLICY, INC	•	52-1601	1976 Page <b>9</b>
P	ırt	VII	II Statement of Revenue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1	b c d e f	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d  Government grants (contributions) 1e  All other contributions, gifts, grants, and similar amounts not included above 1f  Noncash contributions included in lines 1a-1f. \$  Total. Add lines 1a-1f	4032851. 421,399.	4,032,851.			
Program Service Revenue	2	b c d e f	All other program service revenue		5,840.	5,840.		
		Я	Total. Add lines 2a·2f		5,840.			
	3 4 5		Investment income (including dividends, into other similar amounts)	d proceeds	399.			399.
	6		(I) Real	(ii) Personal				
		a b	Net rental income or (loss)  Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses  Gain or (loss)  (i) Securitie 437,295  442,625  442,625	s (ii) Other				
r Revenue		d	Net gain or (loss)  Gross income from fundralsing events (not including \$ 582,887 • of contributions reported on line 1c). See Part IV, line 18	<b>•</b>	<5,330.	>		<5,330.>
Other	9	a	Less: direct expenses	b				
	10	c Net income or (loss) from gaming activities a Gross sales of inventory, less returns and allowances		a b		19		
	11	a b c	Net Income or (loss) from sales of inventory Miscellaneous Revenue  All other revenue	Business Code				
332009 32-02-	12	е	Total. Add lines 11a-11d  Total Revenue. Add lines 1h, 2p, 3, 4, 5, 6d, 7d, 8c, 9c		4,033,760.	5,840.	0.	<4 , 931.> Form <b>990</b> (2008)

Form 990 (2008) CENTER FOR SEC Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp	lete column (A) but are	<del></del>	ete columns (B), (C), and	
Do 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	F40 146	4.55 0.04	40.000	20 000
	trustees, and key employees	548,146.	465,924.	49,333.	32,889.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(8)	508,276.	432,002.	44,349.	31,925.
8	Other salaries and wages	300,210.	432,002.	44/243.	31,323.
Ü	and section 403(b) employer contributions)	48,554.	41,272.	4,591.	2,691.
9	Other employee benefits	-0/553	~ #   Fo   Ea #		2/0218
10	Payroli taxes	65,623.	56,204.	5,798.	3,621.
11	Fees for services (non-employees):				
B	Management				
þ		139,727.	124,201.	8,306.	7,220.
c	Accounting	36,623.	10,686.	23,937.	2,000.
đ	Lobbying	·			
0	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other	1,415,041.	1,347,741.	11,300.	56,000.
12	Advertising and promotion	21,666.	21,016.	650.	1 105
13	Office expenses	14,496.	11,345.	2,046.	1,105.
14	Information technology				
15	Royaltles	167,033.	133,209.	21,459.	12,365.
16 17	Occupancy	163,931.	153,063.	5,305.	5,563.
18	Payments of travel or entertainment expenses	100/2010	133,003.	3,003.	3,3031
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,506.	7,283.	223.	
20	interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,045.	4,662.	945.	438.
23	Insurance	7,593.	2,000.	5,593.	
24	Other expenses, Itemize expenses not covered				
	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.)	200 (50	373 556		15 000
a	EVENT EXPENSE	390,658.	373,230.	2,428.	15,000.
b	PRINTING/PRODUCTION	105,262. 56,486.	88,701. 51,245.	10,206.	6,355. 931.
ي د	TELEPHONE	48,991.	43,159.	5,020.	812.
a ~	WEBSITE MAINTENANCE	47,190.	47,190.	3,020.	012.
f	All other expenses	286,481.	209,226.	26,252.	51,003.
25	Total functional expenses. Add lines 1 through 24f	4,085,328.	3,623,359.	232,051.	229,918.
26	Joint Casts. Check here				
-	SOP 98-2. Complete this line only if the organization	ł			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
****	12.18.08				Form 990 (2008)

832010 12-18-08

		/sg			,	·	<del></del>			
				i	(A) Beginning of year			(B) of yea		
	1	Cach - non-intercet-heaving		***************************************		<del>  </del>				
	2	Cash · non-interest-bearing	••••••	***********************	731,551.		C	<u> 53,</u>	243	
	3	Pledaes and grante receivable net		******************************	1,100.			32,	653	
	4	Pledges and grants receivable, net		******************************	63,000.	3		EE	000	
	5	Receivables from current and former officers, d	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		03,000.	4		33,	000	
	*	employees or other related parties. Complete 5	190tOt:	s, trustees, key						
	6	employees, or other related parties. Complete F Receivables from other disqualified persons (as	of Schedule L		5			**********		
		4958(f)(1)) and persons described in section 49	COLVE	d under section						
	1	Part it of Cabachta I	00(0)(3	)(B). Complete			*********			
£0	7	Part II of Schedule L		***************************************		6				
Assets	8	Notes and loans receivable, net	•••••			7				
Ą	9	Inventories for sale or use	•••••		25 022	8		~~	464	
	F .	Prepaid expenses and deferred charges Land, buildings, and equipment: cost basis	1	122 221	25,833.	9		33,	464	
		Less: accumulated depreciation. Complete	10a	133,321.						
	1 "		400	76,354.	E1 700				****	
	11	Part VI of Schedule D	51,782.			56,	967			
	12	Investments - publicly traded securities			21,226.	11				
	13	Investments · other securities. See Part IV, line Investments · program related. See Part IV, line	() ,,.,. aa			12				
	14	intercible repeta	н	•••••••••••••••••••••••••••••••••••••••		13				
	15	Intengible assets Other appets See Part IV live 14	*		14 187	14		1 4	1	
	16	Other assets. See Part IV, line 11	al Kaa	n 4	14,157.	15			157	
	17	Total assets. Add lines 1 through 15 (must equ Accounts payable and accrued expenses	34}	908,735. 46,469.	16			484		
	18	Greate neverte	* - • • • • • • • • • • • • • • • • • •	······································	40,409,	17		00,	601.	
	19	Grants payable	•••••			18				
u):	20	Tax-exempt bond liabilities	•••••			19				
	21	Escrow account liability. Complete Part IV of Sc	hadula	1		20				
£.	22	Payables to current and former officers, director				21				
Liabilities		highest compensated employees, and disqualifi	o, siuo ad nar	coop Complete Deut II						
Ë		of Schedule L								
	23	Secured mortgages and notes payable to unrela	tact thi	ird nation	······································	22				
	24	Unsecured notes and loans payable	1100 ()11	ird pairies	***	23		************		
	25	Other liabilities. Complete Part X of Schedule D	• • • • • • • • • • • • • • • • • • • •		6,386.	25		2	571	
	26	Total liabilities, Add ilnes 17 through 25			52,855.	26		71	571. 172.	
		Organizations that follow SFAS 117, check he	re 🕨	X and complete	02/000.					
ЯÌ		lines 27 through 29, and lines 33 and 34.		and complete						
Š	27	Unrestricted net assets		ľ	258,768.	27	201 <b>20</b> 1988-24-35-7	80.	363.	
şala	28	Temporarily restricted net assets			597,112.	28			949.	
Fund Balances	29					29				
Ĕ		Organizations that do not follow SFAS 117, ch	ieck h	ere Dand						
		complete lines 30 through 34.								
Net Assets or	30	Capital stock or trust principal, or current funds			······································	30	garde-222-200000000000000000000000000000000	000000000000000000000000000000000000000	TO COMPANY OF THE PARTY OF THE	
Ass	31	Paid-in or capital surplus, or land, building, or eq	ulpmei	nt fund	-	31			*********	
e t	32	Retained earnings, endowment, accumulated inc	come,	or other funds		32				
2	33	Total net assets or fund balances			855,880.	33	80	)4,:	312.	
	34	Total liabilities and net assets/fund balances			908,735.	34			184.	
Par	t XI	Financial Statements and Reporting						·····-J,,	~~~~	
		_						Yes	No	
1	Accou	unting method used to prepare the Form 990:	Ca	sh X Accrual	Other					
2a	and the state of t									
b	Were the organization's financial statements audited by an independent accountant?									
C	if 'Ye	s" to lines 2a or 2b, does the organization have a	comm	ittee that assumes respons	sibility for oversight of the	audit,				
	review	v, or compliation of its financial statements and s	electio	n of an independent accou	ntant?		2c	X	<u> </u>	
38	Asar	esult of a federal award, was the organization rec	uired t	o undergo an audit or audi	ts as set forth in the Singl	a Audit	t [		Ī	
4.	Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits?  31									
			n or au	idits?	******************	<del>unana</del>		<u></u>		
502011	12-18-0	V6					Earn	aga.	12000	

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revonue Service

# **Public Charity Status and Public Support**

To be completed by all section 601(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1546-0047

ZUUO Opento Public Inspection

Name of	the organizat	ion						I	mployer i	dentificat	lon ni	ımbeı
			FOR SECURITY							-1601	.976	5
Part 1	Reason	for Public Char	ity Status (All organi	zations mu	ust comple	te this pa	t.) (see ins	structions				
The organ	ization is not	a private foundation	because it is: (Please cl	neck only	one organi	zation.)	,					
1 🖳			e, or association of chur			ection 17(	)(b)(1)(A)(i	) <i>.</i>				
2	A school dea	scribed in section 17	<b>70(b)(1)(A)(ii).</b> (Attach Sc	chedule E.	)							
3 🖳	A hospital or	a cooperative hosp	ital service organization	described	in section	170(b)(1)	(A)(iii). (A	ltach Sch	edule H.)			
4 📖	A medical re	search organization	operated in conjunction	with a ho	spital desc	ribed in se	ection 170	)(A)(1)(A)(	iii). Enter ti	ne hospital	's nar	ne,
	city, and sta							·				
5 🗀		lon operated for the (b)(1)(A)(iv). (Compl	benefit of a college or u ete Part II.)	niversity o	wned or o	perated by	/ a govern	mental un	it describe	ed in		
6			ent or governmental un									
7 <u>X</u>	An organizat	ion that normally rec	eives a substantial part	of its supp	oort from a	govemm	ental unit o	or from the	e general p	sublic desc	ribed	ln
<del></del>		(b)(1)(A)(vi). (Comple	•									
8			section 170(b)(1)(A)(vi).									
9			eives: (1) more than 33									
			notions - subject to certa							-		
			axable income (less sec	tion 511 ta	ex) from bu	eessenia:	acquired b	by the org	anization a	fter June 3	10, 19	75.
40		509(a)(2). (Complete	•									
10			perated exclusively to te		•				-		,	
11 📋		'	perated exclusively for the		•					•		or
			ations described in secti organization and compl		-	,	2). 588 S6	ธแอก อบษ	(a)(a). Che	ск тве вох	inat	
	a Type	· · · · · · · · · · · · · · · · · · ·	_ •		re urrougi se III • Fund				اسا د	Type III - (	Othor	
• <u> </u>			at the organization is not			-	_	v mara dia				20
~			han one or more public									
f		•	ten determination from		•				alay(1) or a	0011011000	(c)(c.).	
,			nls box				, .,					Γ
9			organization accepted a							******		. —
-			irectly controls, either a			-					Yes	No
			apported organization?					• •	• •	. 11g(i)		
		•	described in (I) above?									
			person described in (i)								i	Π
h	_		about the organizations									
			(III) Type of	flux to the		(A) Oid us	. natik the	1 6.02	. the T			
	of supported nization	(II) EIN	organization		organization sted in your		u notify the ion in col.	lorganizati	on in col.	(VII) Am		of
viya	INTERIOR		(described on lines 1-9 above or IRC section		document?		support?	(I) organiz	ed in the	Sup;	port	
			(see instructions))	Yes	No	Yes	No	Yes	No			
					<del> </del>			<b></b>				
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<del></del>	····, ·····			ļ				ļ	<b> </b>		<del></del>	
				1				1				
Total			100000									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge ... 4 Total. Add lines 1 · 3 2203507. 1736441. 2305158. 3683352. 4040851.13969309. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 2473567.

8 Public Support. Subtract line 5 from time 11495742. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 2203507 7 Amounts from line 4 1736441 2305158. 3683352 4040851 3969309. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 7,584 457 9,225. and income from similar sources 105. 170 909 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 13978534.

12 Gross receipts from related activities, etc. (see instructions)

12 117, 494.

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

organization, check this box and stop here

Section C. Computation of Public Support Percentage

14Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))1482.24%15Public support percentage from 2007 Schedule A, Part IV-A, line 26f1568.32%

16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box

and stop here. The organization qualifies as a publicly supported organization

7a 10% -facts-and-oircumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more.

b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

Sc	hedule A (Form 990 or 990-EZ) 2008 art III Support Schedule for (	Organizations	s Described In	Section 509/a	1)(2) (Complete only	if you chacked the ho	Page 3
Se	ction A. Public Support			00011011	yt—y (Complete omy	ii you chacked the bo	A UII MIO 9 OI FAIL I.
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	107,500	197 2000	10/200/	(9) 2300	Ly Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4			· · · · · · · · · · · · · · · · · · ·				
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 · 5						
i	3 received from disqualified persons of Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
•	Add lines 7a and 7b						1
	Public support (Subjectine 7c from line 8) ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6						
k	Durrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization	'e firet pacanzi thir	d fourth or fifth to	l	n 501(eV3) organiza	tlaa
	check this box and stop here ction C. Computation of Publi	******************					
	Public support percentage for 2008 (li			column (f))		15	0%
16	Public support percentage from 2007	Schedule A. Par	t IV·A, line 27a			16	<u>%</u>
Sec	ction D. Computation of Inves	tment Incom	e Percentage			L <del>2.V</del>	
17	Investment income percentage for 20 investment income percentage from 2	08 (ilne 10c, colu	mn (f) divided by lir			17	<u>%</u>
	33 1/3% support tests - 2008. If the						le not
	more than 33 1/3%, check this box are 33 1/3% support tests - 2007. If the	nd <b>stop here. Th</b> e organization did i	e organization quali not check a box on	ifies as a publicly a line 14 or line 19a	supported organiza , and line 16 is mo	ation re than 33 1/3%, ar	▶ □
20	line 18 is not more than 33 1/3%, che- Private foundation. If the organization				nis box and see ins	tructions	<b>&gt;</b>
					Sch	edule A (Form 990	or 990-EZ) 2008

## Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization Employer identification number CENTER FOR SECURITY POLICY, INC. 52-1601976 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year ..... Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete If the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space 2 Complete lines 2a·2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) \_\_\_\_\_\_\_\_2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ No R Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (I) Revenues included in Form 990, Part VIII, line 1 (ii) Assets Included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: Revenues included in Form 990, Part VIII, line 1 Assets Included in Form 990, Part X LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2008

Using the organization is accession and other records, check any of the following that are a significant use of its collection items (check all test steps):	Sche	edule D (Form 990) 2008 CENTER	FOR SECURI	TY POLIC	Y, INC.		52-	160197	6 Page 2
3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check at that apply):    Public exhibition							r Similar As	sets (cont	inued)
B	_								
b Scholarly research		that apply):							
Proservation for future generations  Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.  During the year, did the organization solicit or receive denalizes of art, historical treasures, or other similar assets  to be sold to raise funde rather then to be meintained as part of the organization's collection?  Part IVI Trust, Escrow and Custodial Arrangements. Complete if organization enswered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Is is the organization en agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV and complete the following table:  Beginning balance  Beginning balance  Additions during the year  Distributions during the year  Distributions during the year  Distributions during the year  Part IVI Pres, "explain the arrangement in Part XIV and complete the following table:  Additions during the year  Distributions during the year and the year of the year and year an	a	Public exhibition	(	Loan or	exchange pro	grams			
## Provide a description of the organization's collections and excitain how they further the organization's collection?	b	Scholarly research	•						
5 During the year, did the organization solicit or receive denations of art, historical treasures, or other similar assets to be sold to reise funds rather then to be meintained as part of the organization's collection?  Trust, Escrow and Custodial Arrangements. Complete if organization enswered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  18 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Is Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Is Is the organization and the arrangement in Part XIV and complete the following table:  Amount  It Is Is Is the organization and the service of the service o	C	Preservation for future generations		_					
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to reise funds rather then to be meintained as part of the organization's collection?  Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 0, or reported an amount on Form 990, Part X, line 21.  1s is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Beginning belance  Beginning belance  Beginning belance  Is in did the part of the year and belance and administer of the organization and the part XIV.  Brit V. Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.  [a) Current year. [b) Prior year belance  Contributions  Investment earnings or losses  Investment earnings or losses  Investment earnings or losses  Contributions  Investment earnings or losses  Grants or scholarships  Cother expenditures for facilities and programs  Administrative expenses  Find of year belance  Permanent endowment	4	Provide a description of the organization's co	dections and explain	in how they furth	er the organiz	atlon's exen	npt purpose in	Part XIV.	
Part IV.   Trust, Escrow and Custodial Arrangements. Complete if organization enswered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  18 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	5								
Part IV.   Trust, Escrow and Custodial Arrangements. Complete if organization enswered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  18 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?		to be sold to raise funds rather than to be me	aintained as part of	the organization	s collection?	**********	**************	Yes	No_
reported an amount on Form 990, Part X, line 21.  1s Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Pa	rt IV Trust, Escrow and Custodial	Arrangements	. Complete if or	ganization ans	wered 'Yes	to Form 990,	Part IV, line	9, or
on Form 990, Part X7  If Yes, "explain the arrangement in Part XIV and complete the following table:  Beginning balance									
If Yes, * explain the arrangement in Part XIV and complete the following table:	18	is the organization an agent, trustee, custodi	an or other interme	dlary for contribu	tions or other	assets not	ncluded		
Beginning balance		on Form 990, Part X?	• • • • • • • • • • • • • • • • • • • •			•••••••		Yes	☐ No
c Beginning balance d Additions during the year 11 d   10   11 d   11 d   12   12   13 d   14 d   15   15   15   15   15   15   15     15   15	b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table:					
d Additions during the year    Distributions during the year   1e   1e   1e   1e   1e   1e   1e   1								Amount	
e Distributions during the year  1 Ending balance  2a Did the organization include an amount on Form 990, Part X, line 217	¢	Beginning balance		••••			1¢	~~~	
Ending balance   11	d	Additions during the year			,	1	1d	,	
2a Did the organization include an amount on Form 990, Part X, line 21?	е	Distributions during the year		• • • • • • • • • • • • • • • • • • • •	******************		1e		
Biff V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 1D.    Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four year									
Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.   Call Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years   (e) Four y	2a	Did the organization include an amount on Fo	orm 990, Part X, line	217 ,				Yes	No
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (e) F									
1a Beginning of year balance b Contributions c Investment earnings or losses d Grants or scholarships e Other expenditures for facilities and programs 1 Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-enclowment ▶	Pa								
b Contributions c Investment earnings or losses d Grants or scholarships e Other expenditures for facilities and programs  1 Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment		ļ	(a) Current year	(b) Prior year	(c) Two )	rears back	d) Three years b	ack (e) Four	years back
c Investment earnings or losses d Grants or scholarships e Other expenditures for facilities and programs  1 Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment		- + +							
d Grants or scholarships e Other expenditures for facilities and programs 1 Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment  % b Permanent endowment  % c Term endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations b if Yes' to 3a(iii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other)  1 Land  5 Buildings c Leasehold improvements d Equipment 1 33,321									
e Other expenditures for facilities and programs  1 Administrative expenses  2 End of year balance  2 Provide the estimated percentage of the year end balance held as:  a Board designated or quasi-endowment  %  b Permanent endowment  %  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  (ii) related organizations  5 If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI: Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment  (a) Cost or other basis (investment)  b Buildings  c Leasehold Improvements  d Equipment  133,321  76,354 56,967.	¢								
and programs  1 Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment	d	Grants or scholarships							
f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment  % b Permanent endowment  %  7 Term endowment  %  8 Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	6	· · · · · · · · · · · · · · · · · · ·							
g End of year balance  Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment  %  Permanent endowment  %  Term endowment  %  Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations  3a(ii)    (ii) related organizations  3a(ii)     b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  3b     4 Describe in Pert XIV the intended uses of the organization's endowment funds.  Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment (a) Cost or other basis (investment) basis (other)  1a Land									
Provide the estimated percentage of the year end balance held as:  a Board designated or quasi-endowment  %  b Permanent endowment  %  c Term endowment				· · · · · · · · · · · · · · · · · · ·					***************************************
a Board designated or quasi-endowment  %  b Permanent endowment  %  c Term endowment  %  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  3a(i)  3a(ii)  3a(ii)  3a(ii)  3a(iii)  3a(iii)  3a(iii)  3a(iii)  3a(iii)  3a(iii)  3a(iiii)  3a(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii					<u>L</u>				
b Permanent endowment	2			38:					
c Term endowment				%					
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations (ii) related organizations (iii) related organ									
by: (i) unrelated organizations (ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R7  4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VII Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment  (a) Cost or other basis (investment)  basis (investment)  b Buildings  c Leasehold improvements d Equipment			• •						
(ii) unrelated organizations (iii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe In Part XIV the intended uses of the organization's endowment funds.  Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment  (a) Cost or other basis (other)  1a Land  b Buildings c Leasehold improvements d Equipment 133,321, 76,354. 56,967. e Other	3a		ssion of the organiz	ation that are he	id and admini	stered for th	e organization	Г	<del></del>
(ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Depreciation (d) Book value  b Buildings  c Leasehold improvements d Equipment funds.  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Depreciation (d) Book value  56, 967.									Yes No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Depreciation (d) Book value  Buildings  c Leasehold improvements d Equipment e Other									
4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment (a) Cost or other basis (other) (c) Depreciation (d) Book value basis (investment) (b) Cost or other basis (other) (d) Book value (d) Book valu									<del></del>
Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment (a) Cost or other basis (other) (b) Cost or other basis (other) (d) Book value  1a Land  b Buildings  c Leasehold improvements d Equipment 133,321. 76,354. 56,967.	ם				•••••••	• • • • • • • • • • • • • • • • • • • •		35	
Description of investment (a) Cost or other basis (Investment) (b) Cost or other basis (other) (c) Depreciation (d) Book value  1a Land  b Buildings c Leasehold improvements d Equipment 133,321. 76,354. 56,967.	å.				DON Dovt V III	ne 10			<del></del>
basis (Investment)   basis (other)							- vaniation	(d) Dank	
1a Land		Description of investment				(C) De	preciation	(0) 1008	value
b Buildings	4-	Land	<del></del>	110111	ala foti (at)				
c Leasehold improvements       133,321.       76,354.       56,967.         e Other       133,321.       76,354.       56,967.									
d Equipment							······································		
e Other			1 1 1 1	321			76 354	5,6	5.967
				~61.		<del>- </del>	10,334.	<u> </u>	,,307.
				100 (D) (inc 10/-				5,6	5.967

investments - Other Securities. See F (a) Description of security or category	(b) Book value		od of valuation:
(including name of security)	(D) DOOK VAIUE		f-year market value
ancial derivatives and other financial products			
sely-held equity interests			
er			
			727
			, , , , , , , , , , , , , , , , , , ,
. (Col (b) should equal Form 990, Part X, col (B) line 12.)			
R. VIII Investments - Program Related, See	Form 990, Part X, line 1	3.	
(a) Description of investment type	(b) Book value		d of valuation:
147 besorbtion of threatment type	(b) book value		lyear market value
		<del>/- \</del>	·····
	· · · · · · · · · · · · · · · · · · ·		
. (Col (b) should equal Form 990, Part X, col (B) line 13.)			
Other Assets. See Form 990, Part X, line 15.			
	scription		(b) Book value
	······································		
. (Column (b) should equal Form 990, Part X, col (B) line 1	(5.)		
I. (Column (b) should equal Form 990, Part X, col (B) line 1	75.)		
L. (Column (b) should equal Form 990, Part X, col (B) line 1  Other Liabilities. See Form 990, Part X, line (a) Description of liability	25.	(b) Amount	
(a) Description of liability	25.	(b) Amount	<b>&gt;</b>
Other Liabilities. See Form 990, Part X, Ilne (a) Description of liability ral Income taxes	25.	(b) Amount	<b>&gt;</b>
Other Liabilities. See Form 990, Part X, line (a) Description of liability ral income taxes PITAL LEASE PAYABLE – LONG TE	25.		<b>▶</b>
Other Liabilities. See Form 990, Part X, line (a) Description of liability (a) Income taxes PITAL LEASE PAYABLE – LONG TE	25.	(b) Amount 2,571.	
Other Liabilities. See Form 990, Part X, line (a) Description of liability (a) Income taxes PITAL LEASE PAYABLE – LONG TE	25.		
Other Liabilities. See Form 990, Part X, line (a) Description of liability (a) Income taxes PITAL LEASE PAYABLE – LONG TE	25.		
Other Liabilities. See Form 990, Part X, line (a) Description of liability (a) Income taxes PITAL LEASE PAYABLE – LONG TE	25.		
Ca) Description of liability  ral income taxes  PITAL LEASE PAYABLE — LONG TE	25.		
Ca) Description of liability  ral income taxes  PITAL LEASE PAYABLE — LONG TE	25.		
Other Liabilities. See Form 990, Part X, Ilne (a) Description of liability ral income taxes	25.		
Other Liabilities. See Form 990, Part X, line (a) Description of liability ral income taxes PITAL LEASE PAYABLE — LONG TE	ZEM	2,571.	
Ca) Description of liability  ral income taxes  PITAL LEASE PAYABLE — LONG TE	25. CRM	2,571.	

	dule D (Form 990) 2008 CENTER FOR SECURITY POLIC		A		001970 Page 4
	Reconciliation of Change in Net Assets from Form 990				4 022 760
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1 1		4,033,760.
2	Total expenses (Form 990, Part IX, column (A), line 25)				4,085,328.
3	Excess or (deficit) for the year. Subtract line 2 from line 1				<51,568.>
4	Net unrealized gains (losses) on investments				
5	Donated services and use of facilities				
6	Investment expenses		6		
7	Prior period adjustments	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			· //,
8	Other (Describe in Part XIV)		8		
9	Total adjustments (net). Add lines 4:8				0.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	***********	10		<51,568.>
Par	t XII Reconciliation of Revenue per Audited Financial Staten	nents With F	levenue per	Return	
1	Total revenue, gains, and other support per audited financial statements			. 1	4,033,760.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		•		
a	Net unrealized gains on investments	26			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants				
đ					
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1				4,033,760.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not Included on Form 990, Part VIII, line 7b	48			
b	Other (Describe in Part XIV)		······································		
0	Add lines 4a and 4b	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	····		0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			. 5	4,033,760.
	TXIII Reconciliation of Expenses per Audited Financial State	ments With	Expenses pe		
1	Total expenses and losses per audited financial statements			- I	4,085,328.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*******************************		
8	Donated services and use of facilities	2a			
	Prior year adjustments				
b				$\dashv m$	
¢	Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV)				
d	•				0.
					4,085,328.
3	Subtract line 2e from line 1			·   3	4,005,320.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIV)	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		٥
-	Add lines 4a and 4b				4,085,328.
5 :43:33	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)			.   5	4,000,320.
	#XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Par	t III, lines 1a and	l 4; Part IV, lines	1b and 2l	b; Part V, line 4; Part
X; Pa	art XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.				
				<del>,, </del>	
				•	
			······································	~	
				Cohed	1- D (Farm 600) 2009

#### SCHEDULE J (Form 990)

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

CENTER FOR SECURITY POLICY, INC.

Employer identification number 52-1601976

	art   Questions Regarding Compensation	019	/ 0	
			Yes	No
18	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax Indemnification and gross-up payments  Health or social club dues or initiation fees			la e
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
	· · · · · · · · · · · · · · · · · · ·			
t	If line tails checked, did the organization follow a written policy regarding payment or reimbursement or provision			
	of all of the expenses described above? If "No," complete Part III to explain	1b	<b>1</b> 00000	3000
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,	1.0	+-	+
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
	The state of the s	-		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
	LEED Approval by the bodio of compensation committee			
4	During the year, dld any person listed in Form 990, Part VII, Section A, line 1a;			
а		00000000	banea 	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a 4b	<del> </del>	X
c	Participate In, or receive payment from, an equity-based compensation arrangement?	40 4c		$\frac{\Lambda}{X}$
	If 'Yes' to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III.	40		Â
	The same provided the application and the first fill.			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
a	The organization?	5a	*******	X
b	Any related organization?	6b		X
	If "Yes," to line 5a or 5b, describe in Part III,		W 860	
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
a	The organization?	6a	899439853	Y
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	300708027	A400000000	******
	not described in lines 5 and 62 if *Ves * describe in Day! III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	-'-		
	initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	,	х
LHA	For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990. Schedule J		990)	

Schedule J (Form 990) 2008

Parkiti Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(j)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	(0)	(E)	<b>(</b>
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	Nonaxable benefits	(D)-(I)(B)	compensation reported in prior Form 990 or Form 990-EZ
V DEWICE	8	288,300.	0.	00	11,500.	00	299,800.	0.0
FRANK O. GAFFINEY, OK.	2	156,000.	0	0	7,800.	0	163,800.	0
MICHAEL T. REILLY	; (E)		0.	0.	0.	0.	0	0.
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							Schedul	Schedule J (Form 990) 2008

#### SCHEDULE M (Form 990)

### **NonCash Contributions**

OMB No. 1545-0047

2008

Department of the Treasury Internal Revenue Service To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Name of the organization

CENTER FOR SECURITY POLICY, INC.

Employer identification number 52-1601976

	Types of Property	· · · · · · · · · · · · · · · · · · ·		·,·····					
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported Form 990, Part VIII, li			(d Method of d reven	etermining	
1	Art · Works of art		<del> </del>						
2	Art - Historical treasures	<b></b>							
3	Art • Fractional Interests					<u> </u>			
4	Books and publications					ļ		·····	
5	Clothing and household goods								
6	Cars and other vehicles							· · · · · · · · · · · · · · · · · · ·	
7	Boats and planes								
8	Intellectual property		1		·			······································	
9	Securities · Publicly traded	X	3	421.3	99.	FAIR	MARKET	VALUE	
10	Securities · Closely held stock					·, <del></del>			
11	Securities - Partnership, LLC, or			· · · · · · · · · · · · · · · · · · ·					
	trust interests	}							
12	Securities - Miscellaneous							· · · · · · · · · · · · · · · · · · ·	
13	Qualified conservation contribution								
	(historic structures)		•						
14	Qualified conservation contribution (other)							·	
15	Real estate · Residential	L							
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidemy								
22	Historical artifacts								
23	Scientific specimens				4				
24	Archeological artifacts								
25	Other • ()								
26	Other ()								
27	Other ()								
28	Other (								
29	Number of Forms 8283 received by the organic	zation during	the tax year f	or contributions					
	for which the organization completed Form 82	83, Part IV, (	Donee Acknow	ledgment	29				
						•		Yes	No
30a	During the year, did the organization receive by	y contributio	n any property	reported in Part I, line	s 1-26	that it m	ust hold for		
	at least three years from the date of the initial	contribution,	and which is a	not required to be used	d for e	xempt pu	rposes for		
_	the entire holding period?						• • • • • • • • • • • • • • • • • • • •	. 30a	X
	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	oolicy that re	quires the rev	ew of any non-standar	d con	tributions	7	. 31	X
32a	Does the organization hire or use third parties	or related or	ganizations to	solicit, process, or self	none	ash			
	contributions?	***************************************						32a	X
	If "Yes," describe in Part II.								l 💮
33	If the organization did not report revenues in co	olumn (c) for	a type of prop	erty for which column	(a) is	checked,			
	describe in Part II.	******************************							
LHA	For Privacy Act and Paperwork Reduction	Act Notice,	see the instri	uctions for Form 990.			Schedule	M (Form 990)	2008

# SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. OMB No. 1545-0047 2008 Open to Rublic lospection

Name of the organization  CENTER FOR SECURITY POLICY, INC.	Employer Identification number 52–1601976
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
POLICY.	
FORM 990, PART VI, SECTION A, LINE 10: ELECTRONIC REVIEW	CONDUCTED.
FORM 990, PART VI, SECTION B, LINE 12C: WRITTEN CONFLICTS	OF IMPEDED ADE
COLLECTED AS THEY ARISE AND ARE REVIEWED.	OF INTEREST ARE
FORM 990, PART VI, SECTION B, LINE 15: PRESIDENT'S COMPEN	SATION REVIEWED
AND APPROVED BY GOVERNING BODY.	
FORM 990, PART VI, SECTION C, LINE 19: PROVIDED UPON REQU	EST.
FORM 990, PART XI, LINE 2C	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

Form 8868 (Rev. April 2008) Department of the Treesury Internal Revenue Service

# Application for Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-1709

File a separate application for each return. If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box \_\_\_\_\_\_

 [X] If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete ▶ □ All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns, Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T, instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.lrs.gov/efile and click on e-file for Charities & Nonprofits. Type or Name of Exempt Organization Employer identification number print CENTER FOR SECURITY POLICY, INC. 52-1601976 Number, street, and room or suite no. If a P.O. box, see instructions. due date for 1901 PENNSYLVANIA AVENUE, NW, NO. 201 City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20006 Check type of return to be filed (file a separate application for each return): X Form 990 Form 990-T (corporation) Form 4720 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5227 Form 990-EZ Form 990-T (trust other than above) Form 6069 \_\_ Form 990-PF Form 1041-A J Form 8870 THE ORGANIZATION The books are in the care of ➤ 1901 PENNSYLVANIA AVENUE, NW - WASHINGTON, DC 20006 Telephone No. ► 202.835.9077 FAX No. 🕨 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_\_. If this is for the whole group, check this box - If it is for part of the group, check this box - and attach a list with the names and EINs of all members the extension will cover. I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2009 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2008 or tax year beginning , and ending

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

If this tax year is for less than 12 months, check reason: Initial return

tax payments made. Include any prior year overpayment allowed as a credit.

nonrefundable credits. See instructions.

See instructions.

If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any

If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated

Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).

Form 8868 (Rev. 4-2008)

N/A

Change in accounting period

За

3b

823831 01-21-09

Final return

Form 88	68 (Rev. 4-2009)			Page 2
• If you	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo	ж ,,		<b>\</b> X
Note, O	nly complete Part II if you have already been granted an automatic 3 month extension on a previously filed	Form	8868.	
• If you	are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).			
Part	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no c	opies i	needed).	
Type or	Name of Exempt Organization	Emp	loyer identi	lfication number
print	1			
•	CENTER FOR SECURITY POLICY, INC.	5	<u>2-1601</u>	.976
File by the extended due date for filing the	Number, street, and room or suite no. If a P.O. box, see instructions.	For I	RS use only	
return, See instruction				
X Fo	type of return to be filed (File a separate application for each return):  orm 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A [  orm 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720		orm 5227 orm 6069	Form 8870
STOP! E	Do not complete Part II if you were not already granted an automatic 3-month extension on a previou	sly file	d Form 886	88.
***********	THE ORGANIZATION			
• That	cooks are in the care of > 1901 PENNSYLVANIA AVENUE, NW - WASHINGT	ом.	DC 20	006
	shone No. ► 202.835.9077 FAX No. ►			
	organization does not have an office or place of business in the United States, check this box			▶ □
• If this	is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	s is fo	the whole	group, check this
box 🕨	. If it is for part of the group, check this box > and attach a list with the names and EINs of all	memb	ers the exte	ension is for.
	equest an additional 3-month extension of time until NOVEMBER 15, 2009.			
	or calendar year 2008, or other tax year beginning, and ending			· · · · · · · · · · · · · · · · · · ·
	this tax year is for less than 12 months, check reason: Initial return		Change in a	accounting period
	ate in detail why you need the extension			·
A	LL INFORMATION NECESSARY TO FILE AN ACCURATE RETURN			
	S NOT YET AVAILABLE.	r		
8a lf	this application is for Form 990·BL, 990·PF, 990·T, 4720, or 6069, enter the tentative tax, less any			
	onrefundable credits. See instructions.	8a	\$	
	this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated			
ta	x payments made. Include any prior year overpayment allowed as a credit and any amount paid		_	
	reviously with Form 8868.	86	_\$	
c Ba	alance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit			N7 / 73
wi	th FTD coupon or, If required, by using EFTPS (Electronic Federal Tax Payment System). See Instructions.	8¢		N/A
	Signature and Verification			
Under pe	naities of perfury; ±declare that I have examined this form, including accompanying schedules and statements, and to the correct, and complete, and that Larg authorized to prepare this form.			
	/ \V/\ : K\ / \	efe()	► 7-	74-09
Signature	1118	Jaio	Enro	RR68 (Bey 4-2009)